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FILL OUT ALL BLANKS  
AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown". Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH			ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS			ORIGINAL CERTIFICATE OF DEATH	
County	Graham		State Index No.	9
District	Safford		County Registered No.	9
Town	Pined		Local Registrar's No.	9
Or City				
No. (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)				
FULL NAME James Lewis Ford				
PERSONAL AND STATISTICAL PARTICULARS				
SEX	Color or Race	SINGLE	MEDICAL CERTIFICATE OF DEATH	
Male	White Indian	MARRIED	DATE OF DEATH	
	Black Chinese	WIDOWED		
	Mexican	or DIVORCED		
DATE OF BIRTH				
			1 2 1920	
			(Month) (Day) (Year)	
AGE			I hereby certify, that I attended deceased from 1-1-	
			1919 to 1-2 1920; that I last saw him alive	
			on 1920, and that death occurred on the date	
			stated above at 8 AM. The DISEASE or INJURY causing	
			Death was as follows: Pneumonia B. with	
OCCUPATION				
(a) Trade, profession or particular kind of work				
(b) General nature of industry, business, or establishment in which employed or (employer)				
BIRTHPLACE				
(State or country) Pined 23				
NAME OF FATHER				
Guy E Ford				
BIRTHPLACE OF FATHER				
(State or country) Ariz				
MAIDEN NAME OF MOTHER				
Leah Mattie				
BIRTHPLACE OF MOTHER				
(State or country) Ariz				
The Above is True to the Best of My Knowledge				
(Informant)				
(Address)				
PLACE OF BURIAL OR REMOVAL		DATE OF BURIAL OR REMOVAL		
		191		
UNDERTAKER		ADDRESS		
LENGTH OF RESIDENCE				
At place of death yrs. mos. ds. In Arizona yrs. mos. ds.				
Former or Usual Residence				
Filed 2-5-21 Alma Burns				
Local Registrar.				
Filed 2-10-21 J. H. Stratton				
County Registrar.				